

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004054

FILED
May 05, 2006
Secretary of State

Entity Name: FSU ATO HOUSE CORPORATION

Current Principal Place of Business:

5354 PEMBRIDGE PLACE
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 780
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 57-1166670 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MILLER, TRAVIS
5354 PEMBRIDGE PLACE
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MAGLIONE, FRED J
Address: 265 CARLYLE PARK DRIVE
City-St-Zip: ATLANTA, GA 30307 US

Title: D () Delete
Name: MILLER, TRAVIS
Address: 5354 PEMBRIDGE PLACE
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: DVP () Delete
Name: WRIGHT, GARRICK
Address: 1971 RAIN VALLEY COURT
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: DT () Delete
Name: SMITH, SKIP
Address: 208 WINN CAY DRIVE
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: D () Delete
Name: MINTER, CHARLES JR.
Address: 1733 RIVER BIRCH HOLLOW
City-St-Zip: TALLAHASSEE, FL 32308

Title: DS () Delete
Name: NEWMAN, BRIAN
Address: 2030 LAUREL STREET
City-St-Zip: TALLAHASSEE, FL 32302 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MAGLIONE, FRED J
Address: 265 CARLYLE PARK DRIVE
City-St-Zip: ATLANTA, GA 30307 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: WRIGHT, GARRICK
Address: 9393 WINDAM WAY
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED MAGLIONE

D

05/05/2006

Electronic Signature of Signing Officer or Director

Date